



**County of Genesee  
Title VI and related statutes  
Discrimination Complaint Form**

FOR OFFICE USE ONLY			
Date: _____		Reviewer Initials: _____	
Name of Complainant:	Home Telephone Number:	Work Telephone Number:	
Mailing Address: _____			
What is the most convenient time for us to contact you about this complaint? _____			
Basis of Discriminatory Action(s): ____ RACE ____ COLOR ____ NATIONAL ORIGIN ____ INTIMIDATION/RETALIATION	____ SEX	____ AGE	____ DISABILITY
Date and place of alleged discriminatory actions. Please include earliest date of discrimination and most recent date of discrimination: _____ _____ _____			
How were you discriminated against? Describe the nature of the action, decision, or conditions of the alleged discrimination. Explain as clearly as possible what happened and why you believe your protected status was a factor in the discrimination. Include how other persons were treated differently from you. (Attach additional page(s), if necessary). _____ _____ _____ _____			
Name(s) of County department/office or program/activity responsible for the discriminatory action(s): _____ _____			
Names of persons (witnesses, or others) whom we may contact for additional information to support or clarify your complaint: (Attached additional page(s), if necessary).			
<u>Name</u>	<u>Address</u>	<u>Telephone</u>	
_____	_____	_____	
_____	_____	_____	

Signature of Complainant \_\_\_\_\_

Date \_\_\_\_\_